

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/079810

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			4		3	
TOTAL DEP.			46		38	
TOTAL CLAIMS			50		41	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	7		4			
TOTAL DEP.	145					
TOTAL CLAIMS	152					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS